

COUNTY BOROUGH OF STOCKPORT.

# Annual Report

ON THE

## School Medical Service

FOR

### 1926

BY

NICOLAS GEBBIE, M.D. (Glas.), D.P.H. (Manch.),  
Medical Officer to the Education Committee.

STOCKPORT:  
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Chairman—Alderman C. Royle, J.P.

Vice-Chairman—Alderman J. T. Hopkins, J.P.

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Alderman C. Sharples, J.P.

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Rev. C. P. Keeling, M.A.

Mr. J. Goodison.

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STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and Medical Officer to the Education Committee—Nicolas Gebbie, M.D., D.P.H.

Assistant School Medical Officers—W. H. Rowell, M.D., B.S., D.P.H., Doris A. Haworth, M.B., Ch.B., D.P.H.

School Dentist—Mary V. Sibson, L.D.S.

School Nurses—Miss Longley, Miss Powell, Miss Axon.

Clerical Assistant—Miss Demount.

Assistants at School Inspections—Miss Taylor (transferred 27th Sept., 1926), Miss Charlesworth, Miss Greenwood (appointed 27th Sept., 1926).

Assistant to School Dentist—Miss Weaver.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE  
OF THE COUNTY BOROUGH OF STOCKPORT.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Report upon the work of the School Medical Department for the year ending 31st December, 1926. This Report, my first as Medical Officer to the Education Committee, has been prepared in accordance with the instructions of the Board of Education. In the text of the Report, and in the statistical tables appended thereto, full details are given of the work of this Department in safeguarding the health of our school population, and in securing as far as possible that each child shall attain such a standard of health as will enable him to benefit to the full from the education provided for him. The report contains ample evidence of arduous yet careful work on the part of the Medical, Dental, Nursing and Clerical Staffs of the School Medical Department.

My best thanks are due to all members of the Staff for their loyalty and devotion to duty, to Mr. Lawton, Secretary of Education, for his loyal co-operation and ready help, and to the Chairman and all the members of the Medical Inspection Sub-Committee for their personal kindness and their sympathetic consideration at all times.

Your obedient servant,

N. GEBBIE,

Medical Officer to the Education Committee.

## SUMMARY OF RESULTS OF MEDICAL INSPECTION.

Total number of children inspected in Public Elementary Schools...	8,505
Total number of children inspected in Code Groups .....	5,119
Total number of Special Cases inspected .....	2,371
Total number of Cases re-inspected at School .....	1,015

Year		No. of Cases inspected in Code Groups		No. found to require treatment		Per cent. requiring treatment
1925	...	4,892	...	1,137	...	23.24
1926	...	5,119	...	1,140	...	22.27

Total number of children inspected in Secondary Schools .....	883
Total number of children found to require treatment .....	150

SCHOOL CLINICS.	No. of children attending		Total No. of attendances
Central School Clinic .....	3,976	...	15,307
Reddish Clinic .....	300	...	759

ROUTINE MEDICAL INSPECTIONS (vide Table 1) .....	5,119
Other Inspections (at School and Clinics) .....	11,955
Secondary School Inspections .....	883
Visits by School Nurses to homes for following up .....	1,993
Examinations by School Nurses for conditions of uncleanness.....	18,461
Individual Children examined for uncleanness.....	13,610
Percentage of children with unclean heads.....	10%

## SCHOOL DENTAL DEPARTMENT.

No. of Schools inspected by School Dentist .....	6
No. of Individual Children inspected .....	1,533
No. of Special Cases inspected .....	2,591
Total number of Children inspected.....	4,124
Found to require treatment .....	4,079
Actually treated .....	3,708
Re-treated.....	192
Attendances made by children for treatment .....	3,715

## SCHOOL HYGIENE.

The plans for a new Elementary School to serve the Lancashire Hill district have been approved by the Board of Education, and building operations are expected to commence in the near future.

## ST. JOHN'S C.E. SCHOOL, HEATON MERSEY.

Considerable improvements have been made at this School during the year. New floors have been laid in most of the classrooms. Electric lighting and central heating installations have been provided.

## STOCKPORT R.C. SCHOOL, ST. PETERSGATE.

A commodious new Boys' Department has been provided at Bishop Brown's Memorial School in High Street.

## VARIOUS SCHOOLS.

Dual desks and dual tables and chairs for infants are constantly replacing the older school furniture. Blackboards and other furniture are replaced by modern forms as found necessary.

Stockport being a town area, few children bring meals to School, and most Schools have gas appliances.



## ACCOMMODATION OF AND ATTENDANCE AT THE SCHOOLS.

The County Borough of Stockport has an area of 7,059 acres and an estimated population of 125,400. The number of children on the School Register in December, 1926, was 15,736, approximately one Elementary School child to 7.96 persons living in the district. The accommodation and the average attendance on December 23rd, 1926, at the various Schools in the Borough are set out in detail in the following table, which has been kindly supplied by the Secretary for Education.

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll under 5.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
Higher Brinksway Cl.	...	S.	252	—	213	179	84
„	...	J.	215	—	168	123	73
Alexandra Park Council	...	S.	500	—	526	468	89
„	...	J.	400	—	390	341	88
St. Matthew's C.E.	...	M.	362	—	369	334	91
„	...	I.	178	—	197	152	77
Lancashire Hill Council	...	M.	397	—	300	264	88
„	...	I.	157	—	100	83	83
Christ Church of E.	...	S.	352	—	327	286	87
„	...	J.	398	—	422	347	82
All Saints' C.E.	...	M. & I.	528	—	396	345	87
St. Mary's R.C.	...	M.	337	—	281	250	89
„	...	I.	195	—	173	144	83
Wellington Road Council	...	M.	308	—	336	308	92
„	...	I.	127	—	126	107	85
St. Thomas' C.E.	...	M.	720	—	561	510	91
„	...	I.	324	—	209	184	88
Parish Church of E.	...	M.	600	—	415	362	87
„	...	I.	219	—	188	165	88
Edgeley R.C.	...	B.	317	—	295	267	91
„	...	G.	345	—	275	237	86
„	...	I.	238	—	192	159	83
St. Peter's C.E.	...	M. & I.	546	—	321	281	88
Hollywood Park Council	...	S.	400	—	346	291	84
„	...	J.	300	—	302	246	81
Brentnall Street Council	...	M. & I.	337	—	319	282	88
Great Moor C.E.	...	M.	330	—	329	287	87
„ Council	...	I.	120	—	105	74	70

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll under 5.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
St. George's C.E.	...	S.	300	—	325	303	93
„	...	J.	300	—	286	259	91
„	...	I.	272	—	259	190	73
Cale Green Council	...	M.	464	—	294	260	88
„	...	I.	220	—	161	124	77
Banks Lane Council	...	M.	362	—	310	282	91
„	...	I.	124	—	131	110	84
Stockport R.C.	...	B.	400	—	282	235	83
„	...	G.	242	—	231	195	84
„	...	I.	230	—	212	186	88
St. Paul's C.E.	...	M.	311	—	347	313	90
„	...	I.	143	—	145	111	77
Vernon Park Council	...	M.	600	—	469	390	83
„	...	I.	320	—	270	231	86
Portwood Temp. Council	...	J.	300	—	246	175	71
Houldsworth	...	M.	419	—	378	343	91
„	...	I.	286	—	181	143	79
North Reddish Council	...	S.	400	—	389	341	88
„	...	J.	260	—	242	210	87
„	...	I.	320	—	275	220	80
South Reddish Council	...	M.	227	—	240	215	90
„	...	I.	141	—	155	134	86
Reddish R.C.	...	M. & I.	360	—	158	130	82
St. Mary's C.E.	...	M. & I.	289	—	246	217	88
St. John's, Heaton Mersey	...	M. & I.	395	—	201	154	77
St. Thomas', Heaton Chapel	...	M. & I.	448	—	200	162	81
Hope Memorial C.E.	...	J.	209	—	148	134	91
Heaton Moor Council	...	M. & I.	310	—	346	301	87
Cheadle Heath Council	...	M.	320	—	282	252	90
„	...	I.	160	—	146	119	81

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Totals, 23rd Dec., 1926 ... 18634 — 15736 13515 85·8

## MEDICAL INSPECTION AT THE SCHOOLS.

For the purpose of Routine Medical Inspection school children are divided into three age groups—

- (1) “Entrants,” or children commencing school life.
- (2) “Intermediates,” or children between the ages of 8 and 9 years.
- (3) “Leavers,” or children between 12 and 14 years of age.

Our aim is to examine each child once in each of these groups, that is, at least three times in the course of his or her school career. Attention is also given at each Inspection to SPECIALS, namely, cases not of code age group referred to the Medical Officer by Teachers or Attendance Officers, or brought forward at the request of parents. “Re-inspections” of children found defective at a previous Routine Medical Inspection take place when the Schools are visited a second time towards the close of the year.

No departure has been made from the Board's Schedule of Medical Inspection.

A fortnight previous to the intended examination the Head of each department is notified that the inspection is about to take place.

A list is prepared from the school register of all children in the department who come within the Routine Age Groups, and the necessity of bringing forward special cases for examination is also impressed upon the Teachers.

A lady assistant is always present with the Doctor at the Inspection. Her duties are to weigh and measure the child, when this has not already been done, to help with the undressing and dressing of the child in the absence of the parent, and to test the eyesight. Routine Cases are taken at the rate of 16 per hour, Special Cases at a more variable rate.

During the year 227 visits were made to the Elementary Schools for the Annual Inspection. 5,119 children received the full systematic examination which each child undergoes at least three times during school life, 2,371 children were seen as “Specials,” whilst 1,015 children were re-inspected for some previously ascertained defect.

Of the 5,119 Routine children, 1,140 or 22·27 per cent. had defects.

2,136 parents attended the Inspections.

## FINDINGS OF MEDICAL INSPECTIONS (See Table II.)

(a) UNCLEANLINESS. The regular examination of children for verminous conditions of the head is proving a repaying section of the School Nurses' work, and has conduced also to a distinct diminution in the number of cases of ringworm of the scalp owing to early detection. Personal instructions are always more effective than anything in writing, and the intervention of the School Nurse has the effect of bringing home to parents the seriousness of allowing their children to remain in what is really a diseased condition. In addition the fact that every child (girl) is examined does much to eliminate friction.



Although as a rule verminous heads (other than Impetigo) are not treated at the School Clinic, it has been found advisable to deal with a number of cases where the girl is badly affected, or where the home conditions are particularly hopeless.

Figures are given in Table IV., Group 5.

(b) MINOR AILMENTS. There is nothing new in the type of minor ailments discovered. Many of these are first seen at the Clinic, sent by teachers or parents.

At the Routine Inspections were found 4 cases of ringworm, and 42 other cases of skin disease, also 44 cases of running ears, all requiring treatment.

(c) TONSILS AND ADENOIDS. The Routine Inspection showed 187 cases of either enlarged tonsils or adenoids or the two combined.

(d) TUBERCULOSIS. Two definite cases and 17 suspected cases of pulmonary tuberculosis were found at the Routine Inspection, and also 9 non-pulmonary cases, all of which required treatment.

(e) SKIN DISEASES. Most of the children suffering from skin diseases are first seen at the Clinic.

42 cases were found at Routine Inspections to require treatment, whilst 480 cases were actually treated at the Clinic.

(f) EXTERNAL EYE DISEASE. 13 cases of blepharitis (inflammation of the edges of the eyelids) were found at Routine Inspection and referred for treatment. It is generally an indication of lowered health and must be treated accordingly.

38 cases of various other conditions of the eye were also found.

(g) VISION. 186 new cases of defective vision, including 63 cases of squint, were discovered at the Routine Inspections.

The early treatment of squint is most important, as an untreated squinting eye rapidly deteriorates.

The gravity of a squint is not always recognised by the parents.

(h) EAR DISEASE AND HEARING. Routine Inspection revealed 44 cases of running ears requiring treatment, and 4 cases for further observation.

16 cases of defective hearing of varying degrees were advised as to treatment.

(i) DENTAL DEFECTS. The School Doctors noted 223 cases of dental defects at the Routine School Inspections.

These are mostly gross defects frequently with septic gums and consequent impaired health, The School Dentist's Report is given elsewhere.

(j) CRIPPLING DEFECTS.—The majority of these are due to infantile paralysis, and when seen by the School Doctor have usually reached a stage where treatment is not satisfactory.

Routine Inspections show under deformities, 10 cases of rickets, 3 of spinal curvature, and 30 other forms, all requiring treatment.

The Return of Exceptional Children (Table III.) gives information of ascertained crippling defects.

## INFECTIOUS DISEASE.

I am indebted to the Public Health Department for the following "Table of Cases of Infectious Disease notified under 15 years of age," during 1926.

	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	Total under 15 years
Diphtheria .....	2	1	7	6	5	42	15	78
Scarlet Fever ... ..	2	14	19	40	60	380	203	718
Enteric Fever .....	...	...	...	...	...	1	1	2
Erysipelas .....	...	...	...	...	...	1	2	3
Pneumonia								
(Acute Primary) ...	1	3	...	...	1	4	4	13
Pneumonia								
(Acute Influenzal).	1	1	1	2	1	5	2	13
Encephalitis								
Lethargica . ....	...	...	...	...	...	1	...	1
Acute Poliomyelitis...	...	1	...	...	...	...	...	1

Children discharged from the Infectious Diseases Hospital must be certified by the School Doctor before returning to school.

Upon request by a Teacher the Doctor or Nurse will pay a special visit to a School where infectious disease has occurred to give advice and to detect "carriers" of infection.

Contacts of cases of Infectious Disease are excluded from School by the Health Department in accordance with instructions of the Board of Education, and the Head Teacher of each Department has received a copy of "The Teachers' Guide to Infectious Diseases at the School."

During the year under review it was not found necessary to close any Department or School owing to the prevalence of Infectious Disease.

## FOLLOWING UP.

If the parent is present at the School Medical Inspection the condition of the child and any necessary treatment are discussed with her; if not, the child takes home a sealed letter addressed to the parent, stating the defect found, the necessity for treatment, and the days on which the doctor can be consulted at the School Clinic.

After a short interval the home of each child requiring treatment is visited by a nurse to ascertain if such treatment is being carried out, and if necessary to impress on the parent again the need of treatment, and the methods of obtaining it.

Suitable cases are given appointments at the Clinic, either for treatment or consultation, when the parent was not present at the School Inspection.

Each child is re-examined at the next visit to the School, and, if necessary, the case is again followed up at the home.



Notifications are received from the Attendance Officers of children out of School with minor ailments, and who are not under treatment by a private doctor. The homes are visited and directions given for carrying out simple treatment where such is indicated, or the case is urged to attend at the Clinic. Certain Clinic cases require home visiting.

There are three Nurses on the Staff. One is engaged full time in the Central Clinic. The other two are employed in following up cases, in the regular visitation of Schools to examine children for cleanliness, and in helping to investigate any special cause of illness in any particular School when requested by the Head Teachers. A nurse attends the Reddish Clinic one half day per week.

During this year 1,993 visits were made to the homes.

### MEDICAL TREATMENT.

At the Central School Clinic, 108, Wellington Road South, work is going on all day.

A record is kept of each child, his (or her) complaint, and the dates and hours of attendance for treatment. If the child comes from School to the Clinic he is given a time card for his Teacher showing the time of his arrival and departure from the Clinic. These particulars are confirmed by sending a weekly time sheet to each School from which children may have come.

On Wednesday refraction work is undertaken, and spectacles prescribed for defective sight, whilst Saturday morning is reserved for special consultations, *e.g.*, the examination of mentally defective children, etc.

Many children suffering from various types of skin disease and external eye affections attend daily for treatment, thus appreciably shortening the duration of the disease.

Total attendances at the two Clinics.....	16,066
Total Number of Children attended .....	4,276
Average Number of Attendances per Child .....	3.75

#### Defects treated :—

Skin Diseases .....	480
Eye Disease (external and others) .....	351
Ear Diseases ... ..	258
Miscellaneous Minor Ailments (Sores, etc.) .....	2,317
Defective Vision .....	304

In addition to these, children attend with their parents at the Clinic for medical examination and advice, and to them may be given certificates of exclusion from, or admission to School.

During the year 851 certificates of exclusion from School for varying periods of time were given.



## EXCLUSIONS, 1926.

Impetigo .....	57
Scabies.....	20
Scalp Ringworm.....	42
Body Ringworm.....	38
Other Skin Diseases .....	39
Eye Diseases .....	36
Tonsillitis and Pharyngitis .....	95
Nervous Diseases .....	26
Infectious Diseases .....	61
Pyrexia .....	40
Cripples .....	3
Tuberculosis of Lungs .....	1
Other Chest Diseases.....	69
Anæmia, Debility, etc. ....	50
Heart Diseases .....	14
Tubercular Conditions other than Phthisis.....	3
Ear Disease.....	10
Epilepsy .....	3
Broncho-Pneumonia .....	5
Appendicitis .....	2
Contact with Infectious Disease .....	10
Verminous Conditions .....	40
Miscellaneous .....	187
<hr/>	
Total.....	851
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(a) MINOR AILMENTS.—Scalp Ringworm.—In connection with the School Clinics X-Ray treatment for this disease is obtained either at the Manchester Skin Hospital or at the Stockport Infirmary on payment of a fee by the Education Authority of two guineas per case. This method of treatment is one requiring elaborate apparatus and great skill in application. The practice of treating the whole scalp, irrespective of the extent of the disease is followed. Only the worst cases are advised to have X-Ray treatment. No charge is made to parents of children. Subsequent alopecia never occurs.

One child was thus treated this year, and one child was done privately.

(b) TONSILS AND ADENOIDS. The surgical treatment of enlarged tonsils and of adenoids is not undertaken lightly, but only where definite indications are evident.

The arrangements made with Stockport Infirmary for the operative treatment of these cases are very satisfactory. Upon the advice of the School Doctor the parent takes the child for a preliminary examination by the Specialist Surgeon for Diseases of the Throat and Nose.

Should operative treatment be advised an order is issued from the School Clinic. A fee of one guinea and a half per case is paid by the local Authority to the Infirmary. Necessitous cases receive free treatment. The parents in non-necessitous cases are required to pay upon a graded scale, up to the full fee, based upon their income.

94 cases received operative treatment under the Authority's scheme whilst 134 recorded operations were performed. (See Table IV., Group III.)

(c) TUBERCULOSIS. The Medical Officer, Tuberculosis Dispensary, states that children of school age attended the Dispensary as follows:—

	New Cases in 1926	Total No. attending in 1926
Tuberculosis (Pulmonary).....	1	14
„ (Non-pulmonary).....	19	38
Bronchitis .....	25	74
Debility .....	14	46
Anæmia .....	26	91
Lupus .....	1	3
	86	266

Six patients were admitted to Whitehill Hospital, and two cases were sent to the Sanatorium in Westmorland.

9 cases in contact with phthisical patients were examined and found uninfected.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.  
NOTIFICATIONS, CHILDREN 5 TO 14 YEARS.

Age	Pulmonary		Non-pulmonary	
	M.	F.	M.	F.
5	1	...	3	...
6	1	1	2	1
7	...	...	...	2
8	...	...	1	1
9	...	...	...	1
10	...	1	1	...
11	...	...	...	...
12	...	...	...	...
13	1	...	...	...
	3	2	7	5

(d) SKIN DISEASE. Cases of Impetigo and Septic Sores predominate in this category. Treatment by simple ointments is carried out at the Clinics. Cases requiring more drastic measures of treatment are referred by the School Medical Officer to their private Medical Practitioners.

During the year 480 cases of Skin Disease of various kinds were treated at the Clinics.

(e) EXTERNAL EYE DISEASE. Cases of Blepharitis, Conjunctivitis, and Hordeolum of slight severity are treated at the Clinics. Cases of a more serious character are referred to their own Doctors. The treatment of cases of squint is dealt with elsewhere in this report.

(f) VISION. Table IV., Group II., shows that 304 cases of defective vision were refracted and eleven cases of other defects of the eyes were dealt with under the Authority's scheme.

71 refractions were done elsewhere and recorded.

Spectacles were prescribed for 368 children whilst 357 children obtained them.

A donation of ten guineas per annum by the Authority enables special or obscure cases to attend Manchester Royal Eye Hospital at the discretion of the School Doctors.

I consider this arrangement most beneficial and helpful to our young patients.

(g) EAR DISEASE AND HEARING. Of the 226 cases with ear discharge and 69 cases of other ear diseases 275 received treatment.

All cases of running ears are urged to persevere with treatment.

Unfortunately, many parents consider the condition as trivial and seek advice only in bad cases.

Marked cases of deafness are sent to the Specialist Aural Surgeon at the Infirmary.

#### SCHOOL DENTAL OFFICER'S ANNUAL REPORT FOR 1926.

(h) DENTAL DEFECTS. The Annual Report of the Dental Inspection and Dental Treatment of school children is for the period January 1st to December 31st, 1926.

The scheme is as follows:—

INSPECTION. Routine inspection was confined to children of 6, 7, 8, 9 and 10 years of age.

1,533 children were examined at the 6 Elementary Schools inspected during the year, and of this number 96 per cent. were found to require treatment.

In addition to the routine cases there are special cases numbering 2,591 which are referred for treatment to the School Dentist either by the School Doctor, teacher or parent.

Each child possesses a Dental Card which contains a record of the number of examinations and the type of treatment received during the school career.



A detailed examination is made by the Dentist at each school, a mirror and probe being used for this purpose.

At every school inspection a Lady-Assistant accompanies the Dentist. Her duties are to record on a child's card the following details :—

- (1) The date of inspection.
- (2) Number of sound, saveable and unsaveable teeth, both temporary and permanent.
- (3) Teeth requiring filling.
- (4) Teeth requiring extraction.

Notifications are sent to the parents of children referred for treatment, asking for their written consent that such treatment may be carried out.

CASUALS. Children not included in the routine age groups are known as "Casuals." These cases are treated at the Clinic any morning.

TREATMENT. The ordinary course of treatment for each child averages two visits to the Clinic.

Extractions are always done before fillings in order to ensure a clean and healthy mouth before the filling is undertaken.

Great care is taken to avoid the removal of permanent teeth unless this is absolutely necessary.

Out of 4,124 cases inspected 4,079 were referred for treatment. This includes 2,591 casual cases, and in all 3,703 cases received actual treatment.

ANÆSTHETICS. Only local anæsthetics are employed, Procaine being injected for the extraction of permanent teeth and Ethylchloride being sprayed on to the gum in case of temporary teeth extractions.

IRREGULARITIES.—Minor cases of irregularity are dealt with at the Clinic, while the more serious cases are referred to the Manchester Dental Hospital.

The annexed tables show the details of dental inspection and treatment :

- (1) Table showing treatment of dental defects.
- (2) Table showing time given and operations undertaken.

#### CRIPPLING DEFECTS AND ORTHOPÆDICS.

Full particulars of the inauguration of a scheme for dealing with cases of Crippling Defects were given in the report for the year 1925.

The administrative arrangements in connection with a scheme for Orthopædic Treatment at the Stockport Infirmary have been amended during the year under review, but the general scheme under which facilities are provided for the treatment of these cases at the Stockport Infirmary remains unchanged.

Crippling Defects met with fall in the majority of cases in one of four main categories :—

- (1) Cases due to Infantile Paralysis.
- (2) Cases of Tubercular Bones and Joints.
- (3) Cases due to Rickets.
- (4) Cases of Congenital Deformity or Injury.

The Education Committee of this Authority have accepted financial liability for all children of school age requiring Orthopædic Treatment at Stockport Infirmary, subject to the following conditions :—

1. Children of school age must be certified and sent by one of the School Doctors.

2. Such child must be a "necessitous case" as laid down in the instructions of the Education Committee.

3. The Education Committee accept no liability for payment for non-necessitous cases, or cases reaching the Orthopædic Department through any other channel than the School Doctors at the Clinic.

4. Subject to the above financial restrictions all cases requiring treatment will be urged and advised to avail themselves of this Special Department.

The scheme, which was inaugurated eighteen months ago, is now working satisfactorily.

The new gymnasium and treatment rooms at the Stockport Infirmary have been completed during the year under review, and the improved facilities for treatment thus provided are much appreciated.

It is hoped that very shortly artificial sunlight treatment will be available for suitable cases.

The agreed scale of payment for cases sent to the Infirmary under the Education (Committee's) Orthopædic Scheme is as follows :—

For each attendance for surgical examination .....	1/-
,,      massage attendance .....	2/-
,,      medical exercise in the gymnasium .....	2/-
,,      in-patient per day .....	7/6
,,      X-ray examination .....	10/6

During the year 1926 treatment under the Orthopædic Scheme was secured as follows :—

98 out-patient attendances were made.

107 attendances for massage.

352 attendances for medical exercises.

6 cases were received as in-patients involving 65 days.

3 X-ray examinations were made.

In addition to a certain number of beds being allotted in the Stockport Infirmary to the Honorary Orthopædic Surgeon, the Corporation retain three beds in the Shropshire Orthopædic Hospital at Oswestry.

A voluntary organisation in Stockport known as the "George Fearn Trust" sends suitable cases to farms and cottages in the country a short distance from Stockport to recuperate. This Trust is aided by the Stockport Corporation by a gift of £150 per annum in respect of ten beds they maintain at the Ormerod Convalescent Home, St. Annes-on-Sea. Any type of delicate child is eligible for either of these convalescent schemes on recommendation of the School Doctor.

The Ormerod Home is not recognised by the Ministry of Health or by the Board of Education.



Four children have had surgical appliances supplied by the local Education Authority.

I am indebted to Mr. Brentnall, the Honorary Orthopædic Surgeon to the Stockport Infirmary, for his efforts on behalf of the crippled children under his care, and to Mr. Pearce, the Secretary Superintendent at the Stockport Infirmary, for his courtesy and his assistance in the administration of the Orthopædic Scheme.

### OPEN-AIR EDUCATION

There is no change since the last Report.

### PHYSICAL TRAINING.

This is undertaken in the Elementary Schools by teachers who have paid special attention to the subject, no organiser being now available.

### PROVISION OF MEALS FOR SCHOOL CHILDREN.

(Provision of Meals Acts, 1906-1914).

There are two main feeding centres in the town—Queen Street West Mission Rooms and Charlesworth Street Cookery Centre. Arrangements are being made by the Education Authority to alter the premises at the Coffee Tavern, Hillgate, recently acquired by them, to render them suitable for use as a feeding centre.

Children are recommended for free meals by :—

- (1) School Teachers.
- (2) School Medical Officers.
- (3) Attendance Officers.

The Superintendent of Attendance Officers enquires into the financial state of the parents in all cases with a view to part payment being made, otherwise “free meals” are given. He personally supervises the centres and consults with the School Medical Officers, who pay periodical visits to the Feeding Centres and inspect the food.

Any child whose condition is unsatisfactory is seen by the Medical Officer.

The children attend for breakfast and dinner on five days per week, on Saturday for dinner only. Meals are provided during the school holidays excepting on public holidays, when the catering staff is away.

Breakfast consists of cocoa, bread and jam, treacle or margarine.

At dinner they have meat or fish, served in a variety of ways, with fresh vegetables and potatoes, and Yorkshire pudding or some form of milk pudding, etc.

The cooking and serving are good, the food is appetising and much appreciated by all the children.

Milk allowance per head per day is 2/5 pint.			
Meat	„	„	1½ ounces.
Fish	„	„	3 „



The statistical year for accounts of the Feeding Centres does not correspond with that of the School Medical Report, but from March, 1925, to March, 1926, 41,245 meals were provided. The cost of food per head per meal was 2·3 pence, administration 1·7 pence, a total cost per head per meal of 4·0 pence.

The average number of children attending the Feeding Centres daily was 74.

The individual number of children fed was 137.

### SCHOOL BATHS.

At the Public Central Baths, S. Petersgate, Stockport, and also at the Branch Baths at North Reddish, one bath is placed at the disposal of the Education Committee, upon payment, from May to October. Detailed time tables are drawn up whereby the Baths are utilised by parties from the various schools. If necessary an extra bath is available for girls on payment of a reduced fee. No provision for bathing exists on school premises.

### CO-OPERATION OF PARENTS.

#### (1) *At the School Inspections.*

An explicit "Notice to Parents, Date of Medical Inspection" is sent by the Head Teacher to the parent of any child who is to be examined as a Routine case.

The parent is requested to have the child present at school on that date and to attend at the examination. Parents may also, and do in some cases attend when a child is only examined as a "Special."

2,136 parents attended at the Schools in 1926.

Should any child be found to require treatment and the parent be not present, a "defect card" is given to the child. Treatment is much more easily obtained when the parent is present at the Inspection.

#### (2) *At the Clinic.*

With regard to Children attending at the Clinic, parents come with them in the majority of cases in which it is necessary for them to do so.

#### (3) *In the Home.*

The Nurses meet with little opposition in the home visiting. Promises to obtain treatment are usually given after the Nurse has explained its necessity, though refractory cases are occasionally met with.

### CO-OPERATION OF TEACHERS.

Teachers assist the School Medical Staff materially by preparing lists of children to be examined under each group. They also select any special cases about whom they desire information and advice.

After the completion of an examination a typed list of names and addresses, with defects, is sent to each department in the school, and the influence of the teachers is exerted in urging treatment, if not already obtained.

In some instances they interview parents who are invited to see them, and convey to them the suggestions of the School Doctor. They encourage children to bring with them and to wear during school hours their prescribed spectacles.

## CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Frequent consultations occur between the School Medical Officers and the Superintendent of Attendance Officers, whilst the individual attendance officers also visit the School Clinic with reference to cases of illness or the absence of children from school. This system, in practice, has worked well and harmoniously.

- (1) The attendance at the School Clinic of special cases for further detailed examination (*e.g.* mentally defective children) is supervised by these officers.
- (2) Where it is considered desirable for the school attendance officers to assist the School Visiting Nurses in following up troublesome cases, and urging treatment for the more serious defects, such help is freely given and has proved beneficial.
- (3) The necessity for the provision of spectacles for children suffering from defective vision is not always appreciated by parents. In extreme cases pressure is made by the attendance officers in order to ensure attendance at the School Clinic for refraction, and the obtaining of such glasses as are not provided free of cost.

## CO-OPERATION OF VOLUNTARY BODIES.

The Stockport Institution for the Blind provides, gratuitously, spectacles for school children refracted at the School Clinic if after enquiry by the Superintendent of School Attendance Officers, confirmed by the Institute, the financial position of the parents is found to justify such gift.

In 1926 the number of spectacles provided free was 143 pairs.

By means of a grant of £150 the Local Authority supplement the efforts of the "George Fearn Trust" (a local charitable bequest) to provide residential open-air convalescent treatment for debilitated children at the Ormerod Home, St. Annes-on-Sea.

All cases are recommended by the School Medical Officers, and the Trust then deals with their actual placing in the homes. 33 beds are provided in the rural districts of Ashford, Mellor and Peak Dale.

The Trustees have also ten beds at the Ormerod Home for Convalescent Children at St. Annes-on-Sea. These beds are occupied by pretubercular or other delicate children selected by the School Medical Staff. No limit is placed upon the length of residence, supervision being exercised by the Medical Officer of the Ormerod Home.

The numbers of cases sent away during 1926 are as follows :—

Mellor.....	39
Ashford .....	8
Ormerod Home.....	25
West Kirby Special School.....	2
Children's Sanatorium, Southport.....	6
West Kirby Convalescent Home .....	1
	—
	81
	—



Surgical appliances have been supplied to five children.

Whilst no case is rejected for financial disability in the above schemes, a partial contribution is expected from those parents who are in a position to pay.

The "Pearson's Fresh Air Fund" has assisted materially in sending children away for a holiday, each child being medically examined previous to departure. 40 children were inspected as a preliminary to going to camp for 14 days, whilst 2,000 children had a day trip into the country in August.

500 children had a day in the country under the auspices of the "Cookson Bequest," vested in the Mayor of Stockport.

The Trustees of the "Maria Leigh Sick Children's Fund" have very kindly provided a Christmas present to each crippled child residing in Stockport. The organisation and distribution were undertaken by the Superintendent of the School Attendance Department.

The crippled children of Stockport enjoyed a motor run into the country in July. They were entertained to tea and received a gift.

Mr. G. W. Taylor, of Stockport, is the Organiser and Honorary Treasurer of the Fund, and is assisted by the Superintendent and Officers of the School Attendance Department.

There is in existence a "School Attendance Officers' Clog Fund," supported by voluntary contributions, and administered without cost by the Education Department. It is a means of supplying many poor children with efficient foot gear, and plays a part in no small way in the voluntary schemes of help.

In the past year 1,025 pairs of clogs were provided at a cost of £170 19s. 2d.

## BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

An Annual Census of children in the Borough under school age is taken by the School Attendance Officers.

Any child of school age suffering as above is examined at the School Clinic. Similar cases below school age are noted.

No Day Special Schools are available in Stockport.

Blind or Deaf Children after examination, and completion of the necessary documents are sent by the Local Authority to Special Residential Schools.

It is more difficult to obtain vacancies in Institutions for Mentally Defective Children. No cases were admitted to Special Residential Schools during the year.

Feeble-minded and imbeciles are notified to the Town Clerk. They are then referred to the Lancashire Asylums Board (this town being within their jurisdiction), but their accommodation is limited. Three cases have been notified to the Town Clerk this year.

As regards Epilepsy, it is difficult to convince parents of the necessity for continuous treatment. It is more difficult to make them realise the benefits of residential treatment. One case has been sent to a Special Colony.



The Stockport Ladies Care Committee undertake the regular visitation of homes where there are children certified as Mental Defectives. Reports are submitted each month to the Committee, the Secretary of the S.E. Lancashire Association for Mental Welfare attending, and in this way the Mental Defectives are kept under observation and steps are taken to secure their removal to institutions as need arises.

### SECONDARY SCHOOLS.

The pupils at the Municipal Secondary School, the High School for Girls, and Fylde Lodge High School have had their usual medical inspection, all the girls being seen by Dr. Doris A. Haworth.

The Inspection Schedule in use at the Elementary Schools has been used, but special points (not applicable to Elementary School Children) are inquired into in accordance with Circular 1,153. The attendance of parents with the girls is good, and small points of personal hygiene as well as the treatment of actual defects are discussed with them. The question of the pupil's fitness for partaking in certain games, drill and gymnastics, is considered in detail, and remedial exercises, where required, discussed with the Lady Drill Instructor.

883 pupils were medically inspected, of whom 150 had defects requiring treatment. (See Table II., Secondary Schools).

No yearly records of treatment are available, for the cases are not followed up in their homes, neither do they receive treatment at the School Clinic. Defective children are re-examined at the next school inspection. A list of defects is sent to the Head-master or Head-mistress, who render valuable help in seeing that treatment is obtained.

### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Mr. James Bell, B.A., Supervisor of the Juvenile Employment Exchange and Bureau, reports as follows:—

“The Bureau continues to work in close association with the School Clinic, and all cases of physical and mental defects discovered in the schools are regularly reported to the Bureau. On the other hand similar cases, as they are discovered in the Bureau among older children, are brought under the notice of the School Medical Officer, who has given valuable advice and assistance in the treatment of such cases; e.g., acting on his advice, the Supervisor of the Bureau has been enabled to secure the assistance of the Fearn's Trust in sending young people to Convalescent Homes and other Institutions. The Supervisor would like to express his appreciation of the assistance given in this way by the Medical and Nursing Staff of the School Clinic. It has proved to be of great advantage to the work of the Bureau.”

### MISCELLANEOUS.

All candidates for Minor Municipal Scholarships tenable at the Local Secondary Schools are medically inspected before the examination.

155 boys and 144 girls were seen, total 299. No case was rejected on medical grounds. Nine School Sessions were occupied in this work.

Seven children were examined and given Medical Certificates for admission to Industrial Institutions.

Four children were given certificates under The Employment of Children in Entertainments Rules, 1920.

Five Schools were closed during 1926 for breakdown in the Heating Apparatus :—

St. Paul's C.E. Mixed and Infants' Department.—March 22nd to 26th inclusive.

Alexandra Park Council Senior and Junior Departments.—April 22nd (one day) and October 13th to 19th inclusive.

Wellington Road Council Mixed and Infants' Department.—October 18th and 19th.

St. Thomas's C.E. Infant Department.—October 21st and 22nd.

On 22nd April, 1926, the Employment of Children Act became operative in this County Borough.

In June, 1926, Dr. Doris A. Haworth acted as temporary Medical Officer at the Child Welfare Centre for nine sessions.

### CLASS FOR STAMMERING CHILDREN.

Miss Pickford reports as follows :—

The class for Stammering Children was re-established in Cale Green School on August 30th, 1926. Two classes have been held up to date of this Report, 21 children having been instructed.

The children are examined by the School Doctor, on entering the class, and defects in speech, facial contortions, and spasms of the body are recorded.

Parents are invited to the class and the outline of the system of instruction is given, and co-operation in the home sought. Each child then receives individual instruction as his or her speech defects require, in correct breathing, articulation exercises, speech, reading and recitation.

The Class formerly limited to "Stammering" children now deals with any speech defects, stuttering, indistinct speech and cleft palate cases. Much can be done to improve the speech of the latter children although perfect speech cannot be promised.

The Saturday morning "following up" class has been very well attended. At the end of each course the children are again seen by the School Doctors.

Boys .....19	Cured .....10	Greatly Improved .....4	Improved 5
Girls..... 2	„ ..... 1	„ .....1	„ 0
Total .....21	11	5	5

## MEDICAL INSPECTION RETURNS.

### TABLE I.—Return of Medical Inspections.

#### (A.)—Routine Medical Inspections.

Number of Code Group Inspections :

Entrants	...	...	...	...	...	1974
Intermediates	...	...	...	...	...	1115
Leavers	...	...	...	...	...	1905
Total...						4994

Number of other Routine Inspections	...	...	...	125
Number of Secondary School Students Inspected...	...	...	...	523
Number of Girls' High School Students Inspected	...	...	...	235
Number of Fylde Lodge High School Students Inspected	...	...	...	125

#### (B.)—Other Inspections.

Number of Special Inspections	...	...	...	6647
Number of Re-Inspections	...	...	...	5308
Total...				17957



MEDICAL INSPECTION RETURNS.  
ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection  
in the Year ended 31st December, 1926.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	Malnutrition .....	111	4	99	3
	Delicate or Debilitated ...	71	3	185	4
	Ringworm :				
	Scalp .....	1	...	45	...
	Body .....	3	...	76	...
	Scabies .....	2	...	20	...
	Impetigo .....	2	...	78	1
	Other Diseases (Non-Tuberculous) .....	38	1	293	...
	Blepharitis .....	13	...	100	...
	Conjunctivitis ... ..	7	2	94	...
Eye	Keratitis .....	1	...	5	...
	Corneal Opacities.....	7	...	54	5
	Defective Vision (excluding Squint) .....	123	123	271	68
	Squint .....	63	11	116	21
	Other Conditions.....	23	2	136	3
Ear	Defective Hearing .....	16	4	32	5
	Otitis Media .....	44	4	182	...
	Other Ear Diseases.....	...	2	69	...
Nose and Throat	Enlarged Tonsils only .....	131	136	138	47
	Adenoids only .....	22	6	31	7
	Enlarged Tonsils and Adenoids .....	34	3	59	...
	Other Conditions .....	30	4	119	...
Enlarged Cervical Glands (Non-Tuberculous) .....		9	1	53	4
Defective Speech .....		36	8	62	9
Teeth—Dental Diseases .....		223	3	164	...

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection, in the Year ended 31st December, 1926.—Continued.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :				
	Organic .....	26	16	34	10
	Functional .....	...	...	...	...
	Anæmia .....	119	5	156	2
Lungs	Bronchitis .....	101	10	105	2
	Other Non-Tuberculous Diseases .....	36	13	32	4
Tuber- culosis	Pulmonary :				
	Definite .....	2	...	7	...
	Suspected .....	17	...	40	...
	Non-Pulmonary :				
	Glands .....	...	...	16	...
	Spine .....	1	...	4	...
	Hip.....	3	...	...	...
	Other Bones & Joints .....	3	1	5	1
	Skin .....	2	...	4	...
	Other Forms.....	...	...	1	...
Nervous System	Epilepsy .....	7	...	9	...
	Chorea .....	1	...	19	1
	Other Conditions .....	26	3	31	6
Deformities	Rickets .....	10	...	11	1
	Spinal Curvature .....	3	3	3	...
	Other Forms .....	30	9	52	15
Other Defects and Diseases .....		193	70	2790	44

MEDICAL INSPECTION RETURNS.

SECONDARY SCHOOLS.

TABLE II. Return of Defects found by Medical Inspection,  
in the Year ended 31st December, 1926.

Number Examined :—  Boys ..... 299 Girls ..... 224  Defect or Disease.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treat- ment
Skin	Malnutrition .....	4	1
	Delicate .....	...	...
	Ringworm :		
	Scalp .....	...	...
	Body .....	...	...
	Scabies .....	...	...
	Impetigo .....	...	...
Eye	Other Diseases (Non-Tuberculous)...	4	...
	Blepharitis .....	...	...
	Conjunctivitis ..	1	...
	Keratitis .....	...	...
	Corneal Opacities.....	...	...
	Defective Vision (excluding Squint) ...	17	15
	Squint .....	...	2
Ear	Other Conditions .....	1	...
	Defective Hearing .....	2	...
	Otitis Media .....	1	1
Nose and Throat	Other Ear Diseases.....	...	...
	Enlarged Tonsils only.....	6	5
	Adenoids only .....	...	1
	Enlarged Tonsils and Adenoids .	...	...
Enlarged Cervical Glands (Non-Tuberculous)	Other Conditions .....	1	1
Defective Speech .....		2	...
Teeth—Dental Diseases.....		7	...



MEDICAL INSPECTION RETURNS.

SECONDARY SCHOOLS.

TABLE II. Return of Defects found by Medical Inspection,  
in the Year ended 31st December, 1926—Continued.

Defect or Disease.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :		
	Organic .....	2	..
	Functional.....	4	2
	Anæmia.....	12	2
Lungs	Bronchitis .....	...	..
	Other Non-Tuberculous Diseases .....	1	2
Tuber- culosis	Pulmonary :		
	Definite .....	...	..
	Suspected .....	...	..
	Non-Pulmonary :		
	Glands .....	...	..
	Spine .....	...	..
	Hip .....	...	..
	Other Bones and Joints .....	...	..
	Skin .....	...	..
	Other Forms.....	...	..
Nervous System	Epilepsy .....	1	..
	Chorea .....	...	..
	Other Conditions.....	2	..
Deformities	Rickets .....	...	..
	Spinal Curvature .....	1	..
	Other Forms.....	7	1
Other Defects and Diseases .....		11	11

MEDICAL INSPECTION RETURNS.

HIGH SCHOOL FOR GIRLS.

TABLE II. Return of Defects found by Medical Inspection, in the year ended 31st December, 1926.

Number Examined ... 235		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Defect or Disease.			
Skin	Malnutrition .....	4	...
	Delicate .....	1	...
	Ringworm :		
	Scalp .....	...	...
	Body .....	...	...
	Scabies .....	...	...
	Impetigo .....	...	...
Eye	Other Diseases (non-Tuberculous)...	1	...
	Blepharitis .....	2	1
	Conjunctivitis .....	...	...
	Keratitis .....	...	...
	Corneal Opacities... ..	...	...
	Defective Vision (excluding Squint) ...	6	6
	Squint .....	...	...
Ear	Other Conditions.....	...	...
	Defective Hearing .....	...	...
	Otitis Media.....	1	...
Nose and Throat	Other Ear Diseases.....	...	...
	Enlarged Tonsils only.....	7	4
	Adenoids only .....	...	...
	Enlarged Tonsils and Adenoids.....	...	...
Enlarged Cervical Glands (Non-Tuberculous)	Other Conditions .....	1	...
Defective Speech .....		...	...
Teeth—Dental Diseases .....		9	...

MEDICAL INSPECTION RETURNS.

HIGH SCHOOL FOR GIRLS.

TABLE II. Return of Defects found by Medical Inspection, in the year ended 31st December, 1926.—Continued.

Defect or Disease.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :		
	Organic .....	4	3
	Functional .....	6	1
	Anæmia .....	7	...
Lungs	Bronchitis .....	4	...
	Other Non-Tuberculous Diseases .....	1	1
Tuber- culosis	Pulmonary :		
	Definite .....	...	...
	Suspected .....	...	...
	Non-Pulmonary :		
	Glands .....	...	...
	Spine .....	...	...
	Hip .....	...	...
	Other Bones and Joints .....	...	...
Nervous System	Skin .....	...	...
	Other Forms.....	...	1
Nervous System	Epilepsy .....	1	...
	Chorea .....	...	...
	Other Conditions.....	3	...
Defor- mities	Rickets .....	...	...
	Spinal Curvature .....	1	1
	Other Forms.....	7	...
Other Defects and Diseases .....		10	...



## MEDICAL INSPECTION RETURNS.

## FYLDE LODGE HIGH SCHOOL.

TABLE II. Return of Defects found by Medical Inspection,  
in the year ended 31st December, 1926.

Number Examined ... 125		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Defect or Disease.			
Skin	Malnutrition .....	2	...
	Delicate .....	...	...
	Ringworm :		
	Scalp .....	...	...
	Body .....	...	...
	Scabies .....	...	...
	Impetigo .....	...	...
	Other Diseases (Non-Tuberculous) ...	1	1
Eye	Blepharitis .....	...	...
	Conjunctivitis .....	...	...
	Keratitis .....	...	...
	Corneal Opacities.....	...	...
	Defective Vision (excluding squint)...	4	6
	Squint .....	1	1
	Other Conditions.....	...	...
Ear	Defective Hearing .....	...	...
	Otitis Media .....	1	...
	Other Ear Diseases.....	...	...
Nose and Throat	Enlarged Tonsils only.....	...	1
	Adenoids only .....	...	...
	Enlarged Tonsils and Adenoids.....	...	...
	Other Conditions.....	1	...
Enlarged Cervical Glands (Non-Tuberculous)		...	...
Defective Speech.....		...	...
Teeth—Dental Diseases.....		1	...

MEDICAL INSPECTION RETURNS.

FYLDE LODGE HIGH SCHOOL.

TABLE II. Return of Defects found by Medical Inspection, in the year ended 31st December, 1926.—Continued.

Defect or Disease.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :		
	Organic .....	2	2
	Functional.....	...	...
	Anæmia .....	3	...
Lungs	Bronchitis .....	2	...
	Other Non-Tuberculous Diseases ...	...	...
Tuber- culosis	Pulmonary :		
	Definite .....	...	...
	Suspected .....	...	...
	Non-Pulmonary :		
	Glands .....	...	...
	Spine .....	...	...
	Hip .....	1	...
	Other Bones and Joints .....	...	...
Nervous System	Skin .....	...	...
	Other Forms.....	...	...
	Epilepsy .....	...	...
Defor- mitfes	Chorea .....	...	...
	Other Conditions .....	...	...
	Rickets .....	...	...
Other Defects and Diseases	Spinal Curvature .....	...	...
	Other Forms.....	2	...
Other Defects and Diseases .....		3	...

**MEDICAL INSPECTION RETURNS.****ELEMENTARY SCHOOLS.****TABLE II.—B. Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).**

Group.	No. of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
CODE GROUPS :—			
Entrants.....	1974	466	23·60
Intermediates.....	1115	240	21·52
Leavers .....	1905	410	21·52
Total (Code Groups) .....	4994	1116	22·34
Other Routine Inspections .....	125	24	19·2
Secondary School Students.....	523	71	13·57
Girls' High School Students .....	235	55	23·40
Fylde Lodge High School Students .....	125	24	19·2



MEDICAL INSPECTION RETURNS.  
ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.

			Boys	Girls	Total
BLIND (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind.....	8	6	14
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution	1	1	2
	(ii.) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind.....	...	3	3
		Attending Public Elementary Schools .....	4	...	4
		At other Institutions .....	...	...	...
		At no School or Institution	...	1	1
DEAF (including deaf and partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf .....	4	8	12
		Attending Public Elementary Schools .....	...	1	1
		At other Institutions .....	...	...	...
		At no School or Institution	...	...	...
	(ii.) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ... ..	...	...	...
		Attending Public Elementary Schools .....	2	5	7
		At other Institutions .....	...	...	...
		At no School or Institution	...	...	...

## MEDICAL INSPECTION RETURNS.

## ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area—  
*Continued.*

			Boys	Girls	Total
MENTALLY DEFECTIVE	Feebleminded (cases not notifi- cable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children .....	13	9	22
		Attending Public Elemen- tary Schools .....	28	21	49
		At other Institutions .....	...	...	..
		At no School or Institution	3	12	15
	Notified to the Local Control Authority during the year	Feebleminded .....	...	...	...
		Imbeciles .....	1	2	3
		Idiots.....	...	...	...
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Specia Schools for Epileptics..	...	2	2
		In Institutions other than Certified Special Schools	...	...	...
		Attending Public Elemen- tary Schools .....	1	...	1
		At no School or Institution	...	3	3
	Suffering from epilepsy which is not severe	Attending Public Elemen- tary Schools .....	9	8	17
		At no School or Institution	...	...	...
PHYSICALLY DEFECTIVE	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	6	2	8
		At other Institutions .....	1	...	1
		At no School or Institution	...	...	...

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—  
*Continued.*

			Boys	Girls	Total
PHYSICALLY DEFECTIVE.— <i>Continued.</i>	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	...	...	...
		At Certified Residential Open-air Schools .....	...	...	...
		At Certified Day Open-air Schools .....	...	...	...
		At Public Elementary Schools .....	3	3	6
		At other Institutions .....	...	1	1
		At no School or Institution	1	1	2
	Delicate children ( <i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open-air Schools .....	1	1	2
		At Certified Day Open-air Schools .....	...	...	...
		At Public Elementary Schools .....	264	294	558
		At other Institutions .....	...	...	...
		At no School or Institution	...	...	...
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	...	1	1
		At Public Elementary Schools .....	12	10	22
		At other Institutions .....	1	...	1
		At no School or Institution	1	2	3



## MEDICAL INSPECTION RETURNS.

## ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—  
*Continued.*

		Boys	Girls	Total
PHYSICALLY DEFECTIVE— <i>Continued.</i>	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease			
	At Certified Hospital Schools .....	...	...	...
	At Certified Residential Cripple Schools .....	2	...	2
	At Certified Day Cripple Schools .....	...	...	...
	At Public Elementary Schools .....	59	56	115
	At other Institutions ... ..	...	...	...
	At no School or Institution	7	9	16

TABLE IV.—Return of Defects Treated during the Year ended  
31st December, 1926.

## TREATMENT TABLE.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin —			
Ringworm—Scalp .....	42	6	48
Ringworm—Body .....	73	4	77
Scabies .....	19	3	22
Impetigo .....	72	...	72
Other Skin Disease .....	274	14	288
Minor Eye Defects— (External and other, but excluding cases falling in Group II.) .....	351	10	361
Minor Ear Defects .....	258	17	275
Miscellaneous— ( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.) .....	2317	35	2352
Total .....	3406	89	3495

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE IV.—Return of Defects during the Year ended 31st December, 1926.—*continued.*

GROUP II.—**Defective Vision and Squint** (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).	304	46	25	375
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	11	...	...	11
Total .....	315	46	25	386

Total number of children for whom spectacles were prescribed  
(a) Under the Authority's Scheme...303. (b) Otherwise...65  
Total number of children who obtained or received spectacles  
(a) Under the Authority's Scheme...134. (b) Otherwise...223.

GROUP III.—**Treatment of Defects of Nose and Throat.**

Number of Defects.				
Received Operative Treatment			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
94	40	134	91	225

**MEDICAL INSPECTION RETURNS.****ELEMENTARY SCHOOLS.****TABLE IV.—Return of Defects during the Year ended  
31st December, 1926.—continued.****GROUP IV.—Dental Defects.**

(1) Number of Children who were:—		(2) Half-days devoted to:—	
(a) Inspected by the Dentist:		Inspection... 36	
Aged:		Treatment...462	
Routine Age Groups	5...101	} Total .....498	
	6...375		
	7...267	(3) Attendances made by children for treatment .....3715	
	8...250		
	9...192	(4) Fillings:—	
	10... 79		
	11 .. 78	Permanent teeth... 799 } Total	
	12... 97		
13... 41	Temporary teeth... 136 } 935		
14... 53			
Total ...1533		(5) Extractions:—	
Specials.....2591		Permanent teeth...1157 } Total	
Grand Total...4124		Temporary teeth...390 } 5107	
(b) Found to require treatment .....4079		(6) Administrations of general anæsthetics for extractions...Nil.	
(c) Actually treated .....3708		(7) Other operations:—	
(d) Re-treated during the year as the result of periodical examination. 192		Permanent teeth... 273 } Total	
		Temporary teeth... 45 } 318	

**GROUP V.—Uncleanliness and Verminous Conditions.**

(i.) Average number of visits per school made during the year by School Nurses .....	7.8
(ii.) Total number of examinations of children in the Schools by School Nurses.....	18,461
(iii.) Number of individual children found unclean .....	1,391
(iv.) Number of children cleansed under arrangements made by the Local Education Authority .....	Nil.
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921.....	Nil.
(b) Under School Attendance Byelaws .....	Nil.



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